

INDUSTRIAL USER INSPECTION CHECKLIST

1. Industry Name: Hydro Extruder North America
2. Site Address(s): 330 Elmwood Ave, Mountain Top, PA 18707
3. Mailing Address: Same
4. Contact(1): Brian Schmidt
5. Title: HSE & WWT Manager
6. Telephone Number: 570-474-5934x203
7. Contact(2): _____
8. Title: _____
9. Telephone Number: _____

Credentials presented to whom? Brian Schmidt

Inspector(s)

<u>Name</u>	<u>Agency</u>	<u>Telephone Number</u>
<u>Aaron Thomson</u>	<u>EPA</u>	<u>215-814-2116</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inspection Date 6 / 26 / 19

Note: Complete sections A-E prior to onsite visit.

A. GENERAL INFORMATION

1. Why was IU selected for site visit?

2. General description of processes and products.

Metal Extrusion

Anodization

3. a. Categorical Industry? Yes x No

b. Category(s): 467 - Aluminum Forming

Subcategory(s): C - extrusion

Regulatory New Source Date / /

c. New Source? Yes No

d. List of categorical processes

extrusion

e. List other operations producing wastewater.

Anodization, washing down equipment

4. Are any alternates to effluent monitoring conducted (e.g., TTO/TOMP requirements)?

Yes ☒ No ☐

Describe: TTO requirements

5. Provide production rates for all processes subject to production-based standards.

<u>Process</u> <u>for</u>	<u>Production Rate Used</u> <u>for calculating Limits</u>	<u>Production Rate</u> <u>Last 12 Months</u>
n/a		
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. Any anticipated changes in processes or production rates?

Yes ☐ No ☒ If yes, describe

7. Is production seasonal? Yes ☐ No ☒

If yes, describe

B. CHARACTERIZATION OF WASTEWATER DISCHARGES

1. Describe time of day discharge to sewer occurs.

Shifts are around the clocks, discharge occurs in controlled batch

2. Are discharges seasonal? Yes ☐ No ☒

If yes, describe

3. Attach a block flow diagram of manufacturing process, chemical storage area, and wastewater generated. Identify

all

regulated, unregulated and dilution wastewater discharges.
Include sampling location, discharge flow rates and method of disposal.* Note any recent changes.

* Disposal Method

CD - Continuous discharge to sanitary
ND - Not discharged or disposed
BD - Batch discharge to sanitary sewer
HH - Hauled as hazardous waste
OD - Other disposal - not to sanitary sewer
HW - Hauled as nonhazardous waste

C. PRETREATMENT FACILITY

1. Pretreatment installed? Yes x No
2. Attach a schematic of the pretreatment facility (include all units and sludge storage)
3. Briefly describe treatment processes and operation.

See report

4. Describe sludge storage and disposal method.

Hauled as waste

5. Describe appearance of effluent at time of inspection.

clear

D. SELF MONITORING

1. Does facility have a sampling plan or protocol including use of 40 C.F.R. Part 136 techniques (obtain copy)?

Yes ☐ No ☐ - third party used

2. Is sampling location (B.3) the same as in control mechanism?
Yes ☒ No ☐

If no, explain _____

3. Is this sampling location permanently identified by a sign, painted number or other means? Yes ☒ No ☐

4. Is this sampling location appropriate? Yes ☒ No ☐

If no, explain _____

5. Is this sampling location shown on the chain of custody form?
Yes ☒ No ☐

6. Are any parameters monitored by approved methods more frequently than required at permitted sampling location?

Yes ☒ No ☐

If yes, are all results submitted to the Control Authority?

Yes ☒ No ☐

7. Does facility resample and report within 30 days of discovering a violation? Yes ☒ No ☐

8. Are sampling records maintained on site? Yes ☒ No ☐

For how long? _____

9. a. Is flow determined as required by permit?

Yes ☒ No ☐

b. How is flow determined (i.e., estimated or measured)?

Flow meter

c. Is flow measurement location appropriate?

Yes ☒ No ☐

d. Is flow measurement device calibrated?

Yes ☒ No ☐ N/A ☐ How often? annually

10. Does the facility have a operators manual for its pH meter?

Yes ☒ No ☐

11. Does the facility do proper 2-point calibration of its pH meter in accordance with the operator's manual?

Yes ☒ No ☐

12. Is other monitoring equipment (e.g. DO meter) calibrated?

Yes ☒ No ☐ N/A ☐ How often? On use

13. Is sampling and analysis done in-house or by contract?

contract

14. Is QA/QC program for sampling and analysis adequate?
(obtain copy of plan if available)

Yes ☒ No ☐ If no, explain

15. Describe any perceived deficiencies in the self-monitoring program.

n/a

E. HAZARDOUS WASTE MANAGEMENT

1. Is IU aware of RCRA regulations? Yes x No

2. Does facility generate any hazardous waste?

Yes No

If yes, indicate type of waste, method of management on site and means of disposal on a separate sheet. Describe any spillage problems or any other releases that are observed.

3. Has facility notified POTW and EPA of any hazardous waste discharges to the sewer?

Yes No N/A x

F. SPILL PREVENTION

1. a. Has the facility had any spills or been responsible for slug loads ?

Yes No x Unknown N/A

- b. If yes, was POTW notified?

Yes No Unknown N/A x

2. Does the facility have spill/slug notification procedures posted?

Yes x No Unknown N/A

3. Has the facility evaluated its need for a spill/slug prevention plan? Yes x No

If yes, was it determined that they needed one?

Yes x No

4. Does the IU have a spill/slug prevention plan to address Spills and slugs to the POTW?

Yes x No Unknown N/A

5. Does the spill/slug discharge control plan contain the following: 1) Description of discharge practices, including non-routine batch discharges; 2) Description of stored chemicals; 3) Procedures for immediately notifying POTW of spills and Slug Discharges; 4) Procedures to prevent adverse impacts from spills and slug discharges [see 40 CFR 403.8(f)(2)(vi) for specific requirements]?

Yes x No N/A

6. Did the IU follow procedures outlined in the spill/slug plan at the time of spills?

Yes No Unknown N/A x

7. Were procedures effective in containing the spill/slug?

Yes No Unknown N/A x

8. Is the facility keeping records of spill/slug events?

Yes No Unknown N/A x

9. Have there been any changes in spill/slug procedures

recently?

Yes ____ No x Unknown ____ N/A ____

Describe: _____

10. General Comments: _____

(i.e., perceived deficiencies/violations/discrepancies)

G. RECORDKEEPING REVIEW (based on inspector's observations;
indicate Y (in file) or N (not in file))

1. Current IU control mechanism? y

2. Notices and correspondence with control authority
including:

a. Self monitoring report transmittals? y

b. BMR if required? _____

c. Other? _____

3. Do sampling records include:

a. Date of sampling event? y

b. Time of sampling event? y

c. Name of sampling person and affiliation? y

d. Sample collection method? y

e. Method of sample preservation? y

f. Description of sample location? y

- g. Name of person conducting analysis? y
- h. Date of analysis? y
- i. Time of analysis, if applicable (i.e., BOD, Cr⁺⁶)? y
- j. Sample analyses method? y
4. Is type of sample as specified in control mechanism? y
5. Are all parameters monitored at the required frequency? Note any discrepancies in section K. y
6. Analytical results? y
7. a. Are all monitoring results sent to the Control Authority? y
- b. Copies to POTW? y
8. Appropriate production records for production based standards? y
9. Documentation of flow rates and volumes? y
10. Are records maintained at least 3 years? y

H. EPA SAMPLING

1. Were samples taken? Yes No n

If yes, attach sample results.

2. Describe sampling location, method & time.

I. STORMWATER

1. Does facility have a stormwater permit? Yes ____ No n

If yes, describe what type of permit along with issuance and expiration dates

2. Does facility have a stormwater pollution prevention plan?

Yes ____ No ____

3. Describe any BMP's that the facility is currently implementing

J. CURRENT COMPLIANCE STATUS

1. Indicate compliance status with:

- a. effluent limits _____
- b. monitoring _____
- c. recordkeeping/reporting _____

2. Describe compliance related problems noted during inspection

K. OTHER COMMENTS

Note any entry or other problems.

n/a